

<b>Case Number:</b>	CM15-0013612		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 30 year old female who sustained an industrial injury on 01/18/2013. She has reported left shoulder and back pain. Diagnoses include status post left shoulder surgery on 06/03/2014, left shoulder rotator cuff injury with tendonitis, left lumbosacral sprain/strain, and lumbosacral radiculopathy. Treatment s to date include acupuncture treatments and oral and topical medications. In a progress note dated 12/17/2014 the treating provider reports that the IW has experienced a flare-up of back pain. Objectively, there is no sign of sedation, she has normal gait, and no assistive devices are used. The lumbosacral spine has tenderness to palpation. The left shoulder has tenderness to palpation over the acromioclavicular joint. There is painful range of motion and decreased motor strength on the left side. Deep tendon reflexes are equal bilaterally. The treatment plan is to continue medication and continue electro-acupuncture treatment for the low back and leg pain. On 01/07/2015 Utilization Review non-certified a request for Electro-Acupuncture, Infrared 2 times a week for 6 weeks for the Lumbar Spine noting there is no documentation of significant change in visual analog score or medication sparing effect with the previous therapies to warrant additional sessions at this time. As efficacy is not established, the request is not consistent with the guidelines The MTUS Chronic Pain Acupuncture Medical Treatment Guidelines and The Official Disability Guidelines, Low Back, Infrared Therapy was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Electro-Acupuncture,Infrared 2 times a week for 6 weeks for the Lumbar Spine:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation The Official Disability Guidelines, Low Back, Infrared Therapy was cited.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** According to the 12/17/2014 report, this patient presents for a comprehensive visit and is still having pain and discomfort at the lumbar spine and left shoulder. The current request is Electro- Acupuncture, Infared 2 times a week for 6 weeks for the lumbar spine. The patients work status was not mentioned in this report.For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, with optimal duration of 1 to 2 months.In reviewing the provided reports, the medical records from 12/08/2014 to 12/11/2014 indicate that the patient has had 3 sessions of acupuncture treatments with no complications. The treating physician states; The patient reports beneficial effect with the electro-acupuncture treatment and wishes to continue the treatment. She notes functional improvement and is able to do more self-care activity. In this case, the treating physician documented functional improvement and is requesting 2 sessions a week for 6 weeks of acupuncture. The request appears reasonable as MTUS allows up to 1 to 3 times per week with Optimum duration of 1 to 2 months. The request IS medically necessary.